

P16000066845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800288457768

08/01/16--01030--027 **78.75

FILED
16 AUG -1 PM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
7/24
8/5/16

GREGORY SCHWENDEMAN, P.A.

GREGORY J. SCHWENDEMAN, ESQUIRE
POST OFFICE BOX 33148
INDIALANTIC, FLORIDA 32903
321.243.5008
GREGORY@SCHWENDEMANLAWFIRM.COM

27 July 2016
Wednesday

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Via: USPS/Certified (7015 0640 0001 3584 7276)

Re: VILMA DISTRIBUTION, INC.
Articles of Incorporation – For Profit

To Whom It May Concern:

Enclosed, please find the required form cover letter, Articles of Incorporation, and a check for the filing fee of Seventy-Eight Dollars and Seventy-Five Cents (\$78.75).

If you have any questions, I invite your call at 321.243.5008. Thank you in advance for your attention to this matter.

Sincerely,



Gregory J. Schwendeman

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Vilma Distribution, Inc.

SUBJECT: _____
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Vilma Schwendeman

Name (Printed or typed)

1250 Beachside Lane

Address

Indialantic, Florida 32903

City, State & Zip

321.243.5008

Daytime Telephone number

vilmadistribution@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Vilma Distribution, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1250 Beachside Lane, Indialantic, FL 32903

Mailing address, if different is:
same

ARTICLE III PURPOSE

to provide for the distribution of goods and services.

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100

The number of shares of stock is: _____

FILED
16 AUG - 1 4:09:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vilma Schwendeman, Chair & CEO

Name and Title: _____

Address: 1250 Beachside Lane
Indialantic, Florida 32903

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Vilma Schwendeman _____

Address: 1250 Beachside Lane _____

Indialantic, FL 32903 _____

FILED
15 AUG - 1 AM 0:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Vilma Schwendeman _____

Address: 1250 Beachside Lane _____

Indialantic, Florida 32903 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Vilma Schwendeman
Required Signature/Registered Agent

July 26/2016
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Vilma Schwendeman
Required Signature/Incorporator

July 26/2016
Date